No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18125

Registration District No. 133 — Primary Registration District No. 5489 — Registrar's No. 51

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Eight and ½ Mile North of Bethany (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41
(c) City or town Bethany Rural - Jefferson Twp. (If outside city or town limits, write "RURAL")
(d) Street No. Eight ½ Mile North of Bethany (If rural, give location) C
(e) Citizen of foreign country? No (Yes or No) D
If yes, name country ____

3. (a) PRINT FULL NAME MARY ELLEN EISENBERGER
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Jacob Eisenberger Deceased | 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Aug (Month) 1 (Day) 1855 (Year)

8. AGE: Years 88 | Months 9 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace ✓ (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business ____

FATHER
12. Name John Morgan
13. Birthplace ____ (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Clara Harris
15. Birthplace ____ (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Mrs C F Noble
(b) Address Bethany

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 7 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Kidwell Cemetery

18. (a) Signature of funeral director W H Noble
(b) Address New Hampton Mo

19. (a) May 3-44 (Date received local registrar) (b) Zola M. Burres (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5
year 1944 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 1930. 19 to April 5 1944; that I last saw her alive on April 3 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pericarditis, Chronic, rheumatic	5 yrs.
Due to	
Due to	
Other conditions Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury 2

23. Signature C M Dysart (M. D. or Coroner) DO.
Address Bethany Mo Date signed May 3, 1944

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed W. H. Noble

Licensed Embalmer No. 2904

P. O. Address Newmarket

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

JUN 9

State File No.

Registration District No. 133 Primary Registration District No. 6487 Registrar's No. 51

1. PLACE OF DEATH
(a) County Harrison
(b) City Jefferson twp Bethany Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ellen Eisenberger
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 1 (Day) 185[illegible] (Year)
8. AGE: Years 88 Months 9 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 5 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pericarditis	
Chronic rheumatic	5 yrs
Due to	
Due to	
Other conditions Nephritis Chronic (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

131 R

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18125